# **South Carolina 2023 List of Reportable Conditions**

REPORT UPON RECOGNITION OF A SUSPECTED CASE, DIAGNOSIS, OR POSITIVE LABORATORY EVIDENCE (SEE "HOW TO REPORT" ON BACK)

Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.

Potential agent of bioterrorism

- ! Immediately reportable by phone call to a live person at the regional public health office, 24/7
- Urgently reportable within 24 hours by electronic notification (email: SCIONHelp@dhec.sc.gov for details. The SCIONHelp email address may not be used for case reporting.) or by phone if electronic notification not possible

All other conditions except lead are reportable within 3 business days

- 😽 ! Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (2)
  - Animal (mammal) bites

😽 ! Anthrax (Bacillus anthracis) (2)

Babesiosis (Babesia spp.)

! Botulism (Clostridium botulinum or Botulinum toxin)

Brucellosis (Brucella spp.) (2)

Campylobacteriosis (2)

Candida auris or suspected (2) (3)

Carbapenem-resistant Enterobacterales (CRE) and

Acinetobacter species (2) (4) (5)

Carbapenem-resistant Pseudomonas aeruginosa (CRPA) (2) (4) (6)

Chancroid (Haemophilus ducreyi) Chikungunya (2)

Chlamvdia trachomatis

Ciguatera

Coronavirus Disease 2019 (COVID-19), (SARS CoV-2) (7)

Creutzfeldt-Jakob Disease (Age < 55 years only)

Cryptosporidiosis (Cryptosporidium spp.)

Cyclosporiasis (Cyclospora cayetanensis) (2)

- Dengue (2)
- Diphtheria (Corynebacterium diphtheriae) (2)
- Eastern Equine Encephalitis (EEE) (2)

Ehrlichiosis / Anaplasmosis (Ehrlichia / Anaplasma phagocytophilum)

Escherichia coli, Shiga toxin - producing (STEC) (2) Giardiasis (Giardia spp.)

Gonorrhea (Neisseria gonorrhoeae) (4)

- Haemophilus influenzae, all types, invasive disease (H flu) (2) (4) (8)
- Hantavirus (2)
- Hemolytic uremic syndrome (HUS), post-diarrheal
- Hepatitis (acute) A, B, C, D, & E (9)

Hepatitis (chronic) B, C, & D (9)

Hepatitis B surface antigen + with each pregnancy

HIV and AIDS clinical diagnosis

HIV CD4 test (all results, positive and negative) (L)

HIV exposed infants

HIV subtype, genotype, and phenotype (L)

HIV 1/2 Antibody and Antigen (rapid)

HIV 1/2 AB/AG (confirmatory, all positive and negative) (L)

HIV 1/2 AB/AG+ and/or detectable viral load with each pregnancy

HIV viral load (all results, positive and negative) (L)

HIV HLA-B5701 and co-receptor assay (L)

- ! Influenza, avian or other novel strain
- Influenza associated deaths (all ages) Influenza
  - Lab-confirmed cases (eg. culture, RT-PCR, DFA, Molecular assay) (9)
  - Influenza associated hospitalizations (10)

La Crosse Encephalitis (LACV) (2)

Lead tests, all results - indicate venous or capillary specimen (11)

Leprosy (Mycobacterium leprae) (Hansen's Disease)

Leptospirosis

Listeriosis (2)

Lyme disease (Borrelia burgdorferi)

Lymphogranuloma venereum

Malaria (Plasmodium spp.)

- Measles (Rubeola)
- Meningococcal disease (Neisseria meningitidis) (2) (4) (8) (12)
- Mpox (positive, negative, and all other results)
- Mumps
- Pertussis (Bordetella pertussis)
- 😽 ! Plague (Yersinia pestis) (2)
  - **Poliomyelitis**
- Psittacosis (Chlamydophila psittaci)

Q fever (Coxiella burnetii)

- Rabies (human)
- Rubella (includes congenital)

Salmonellosis (2) (4)

Shiga toxin positive (2)

Shigellosis (2) (4)

Smallpox (Variola)

Spotted Fever Rickettsiosis (Rickettsia spp.)

Staphylococcus aureus, vancomycin-resistant or intermediate with a VA >8 MIC (VRSA/VISA) (2) (4) (13)

Streptococcus group A, invasive disease (4) (8)

Streptococcus pneumoniae, invasive (pneumococcal) (4) (8) (14)

- St. Louis Encephalitis (SLEV) (2)
- Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive (15)

Syphilis: early latent, latent, tertiary, or positive serological test (16) Tetanus (Clostridium tetani)

Toxic Shock (specify staphylococcal or streptococcal)

Tuberculosis (Mycobacterium tuberculosis) (2) (17)

Tuberculosis test - Positive Interferon Gamma Release Assays (IGRAs): QuantiFERON-TB Gold Plus (QFT-Plus) and T-SPOT.TB (17) (L)

- Tularemia (Francisella tularensis) (2)
- Typhoid fever (Salmonella typhi) (2) (4)
- Typhus, epidemic (Rickettsia prowazekii)
  - Vibrio, all types, including Vibrio cholerae O1 and O139 (2)
- Viral Hemorrhagic Fevers (e.g. Ebola, Lassa, Marburg viruses)
  - West Nile Virus (2)
  - Yellow Fever

Yersiniosis (Yersinia, not pestis)

Zika (2)

#### (L) Only Laboratories required to report.

- An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be
- Specimen submission to the Public Health Laboratory (PHL) is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact regional staff if assistance is needed.
- Submit all isolates identified as C. auris and any yeast isolates that may be misidentified using a yeast identification method that is not able to accurately detect C. auris (refer to cdc.gov/fungal/candida-auris/identification.html)
- 4. Include drug susceptibility profile.
- Carbapenem-resistant Enterobacterales and Acinetobacter species from all specimen
- Submit isolates to the PHL from ALL non-mucoid P. aeruginosa isolates resistant to imipenem, meropenem, or doripenem and non-susceptible to cefepime or ceftazidime.
- COVID-19 cases, deaths, and multisystem inflammatory syndrome in children are urgently reportable within 24 hours. All COVID-19 tests and test results (genetic lineage, positive, negatives, indeterminate) are required to be reported from CLIA-certified facilities. Only positive results are required to be reported from CLIA-waived facilities. Antibody results are not reportable. Detailed information about reporting COVID-19 results: <a href="schedule:contineage;">schedule:contineage;</a> default/files/Library/CR-012859.pdf.
- 8. Invasive disease = isolated from normally sterile site. Always specify site of isolate.

- Negative results are reportable for Hepatitis B, C and Influenza only for laboratories and providers that report via Electronic Laboratory Reporting (ELR), Influenza rapid antigen tests are not reportable.
- 10. Report aggregate totals weekly.
- 11. All blood lead results are reportable within 30 days. Any elevated results (3.5 mcg/dL or greater) are reportable within 7 days.
- 12. Report Gram-negative diplococci in blood or cerebrospinal fluid.
- Appropriate specimen types: A pure, low passage isolate submitted on a noninhibitory, non-selective agar plate or slant is preferred. If available submit one original culture plate.
- Submit isolate from patients of any age, ALL CSF isolates, and invasive sterile body sites that are non-susceptible to any relevant antibiotics according to Clinical & Laboratory Standards Institute (CLSI).
- 15. Report the results of all congenital syphilis follow-up tests (positive or negative).
- 16. Report all test results (treponemal & nontreponemal) if at least one serological test is positive.
- Report all cases of suspect and confirmed tuberculosis (TB). <a href="https://www.scdhec.gov/sites/default/files/media/document/Memo%2010.2.19%20on%20list%20of%20">www.scdhec.gov/sites/default/files/media/document/Memo%2010.2.19%20on%20list%20of%20</a> reportable%20conditions.pdf.

# South Carolina 2023 List of Reportable Conditions

scdhec.gov/sites/default/files/Library/D-1129.pdf

### Attention: Health Care Facilities, Physicians, and Laboratories

South Carolina Law §44-29-10 and Regulation §61-20 require reporting of conditions on this list to the regional public health department.

HIPAA: Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512)

# What to Report

- · Patient's name
- Patient's complete address, phone, county, date of birth, race, sex, last five digits of social security number
- Physician's name and phone number
- · Name, institution, and phone number of person reporting
- · Disease or condition
- · Date of diagnosis

- Symptoms
- · Date of onset of symptoms
- Treatment
- · Lab results, specimen site, collection date
- If female, pregnancy status
- Patient status: In childcare, food-handler, health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

## **How to Report**

HIV, AIDS, and STDs (excluding Hepatitis)

- . Do not fax HIV, AIDs, or STD results to DHEC
- · Submit electronically via SCIONx; or
- Mail to: Division of Surveillance, Assessment, and Evaluation Mills/Jarrett Complex 2100 Bull Street, Columbia SC 29201; or
- Call 1-800-277-0873

#### Lead

- · Submit electronically via SCIONx; or
- Email: scionlead@dhec.sc.gov to establish electronic reporting; or
- Mail to: Lead Surveillance Sims Aycock Building 2600 Bull Street, Columbia, SC 29201; or
- Fax Lead reports to (803) 898-3236

## **How to Report Tuberculosis**

Report to the public health office (listed below) in the region in which the patient resides.

#### Lowcountry

Berkeley, Charleston, Dorchester Office: (843) 719-4612

Fax: (843) 308-0324

Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg

Office: (843) 549-1516 ext. 222 Fax: (843) 308-0324

#### **Midlands**

Chester, Kershaw, Lancaster, Newberry, Saluda, York Office: (803) 909-7358 Fax: (803) 327-9847

Aiken, Barnwell, Edgefield, Fairfield, Lexington, Richland Office: (803) 576-2870

Office: (803) 576-2870 Fax: (803) 576-2880

#### Pee Dee

**Dillon, Georgetown, Horry, Marion** Office: (843) 915-8798

Fax: (843) 915-6504

Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, Williamsburg

Office: (843) 673-6693 Fax: (843) 673-6670

### <u>Upstate</u>

Cherokee, Oconee, Pickens, Spartanburg, Union Office: (864) 596-2227 ext. 108 Fax: (864) 596-3340

Abbeville, Anderson, Greenwood, Greenville, Laurens, McCormick

Office: (864) 372-3198 Fax: (864) 282-4294

Nights/Weekends/Holidays: (803) 898-0558 Fax: (803) 898-0685

# **How to Report Other Conditions**

Report Immediate conditions by phone and Urgent conditions within 24 hours by phone or by electronic notification. Report all other conditions electronically\* or by mail within 3 days to the appropriate public health office in the region in which the patient resides. \*Email SCIONHelp@dhec.sc.gov for details on electronic notification. The SCIONHelp email may not be used for case reporting.

## Immediate and Urgent Reporting (TELEPHONE)

#### Lowcountry

Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg

3685 Rivers Avenue, Suite 201 North Charleston, SC 29405

Office: (843) 441-1091 Fax: (843) 953-0051

Nights/Weekends: (843) 441-1091

#### **Midlands**

Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Kershaw, Newberry, Richland, Saluda, York

2000 Hampton Street Columbia, SC 29204

Office: (888) 801-1046 Fax: (803) 251-3170

Nights/Weekends: (888) 801-1046

#### Pee Dee

Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg

1931 Industrial Park Road Conway, SC 29526

Office: (843) 915-8886 Fax: (843) 915-6506

Nights/Weekends: (843) 409-0695

#### **Upstate**

Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union

352 Halton Road Greenville, SC 29607

Office: (864) 372-3133 Fax: (864) 282-4373

Nights/Weekends: (864) 423-6648



## **DHEC Bureau of Disease Control**

Division of Acute Disease Epidemiology • 2100 Bull Street • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 • Nights/Weekends: (888) 847-0902 www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions

To learn about DHEC's web-based reporting system, call 1-800-917-2093.